

# TAB 3

**Town of Lake Park Town Commission  
Agenda Request Form**

Meeting Date: 1/04/06

Agenda Item No. 3

- |  |  |
|--|--|
| <input type="checkbox"/> PUBLIC HEARING              | <input checked="" type="checkbox"/> RESOLUTION |
| <input type="checkbox"/> Ordinance on Second Reading | <input type="checkbox"/> DISCUSSION            |
| <input type="checkbox"/> Public Hearing              |  |
| <input type="checkbox"/> ORDINANCE ON FIRST READING  | <input type="checkbox"/> BID/RFP AWARD         |
| <input type="checkbox"/> GENERAL APPROVAL OF ITEM    | <input type="checkbox"/> CONSENT AGENDA        |
| <input type="checkbox"/> Other:                      |  |

**SUBJECT:** Marina Operators Liability Insurance

**RECOMMENDED MOTION/ACTION:** Adoption of Resolution 01-01-06 Authorizing the Mayor to Execute the Application and Related Documentation Providing Marina Operators Liability Insurance for the Lake Park Harbor Marina for Fiscal Year 2006

Approved by Town Manager [Signature]

Date: 12/29/05

<b>Originating Department:</b> Administrative Services	<b>Costs:</b> \$7,500.00 <b>Funding Source:</b> <b>Acct. #</b> 800-4500	<b>Attachments:</b> Copy of Resolution 01-01-06 and back-up information from Gehring Group
<b>Department Review:</b> <input checked="" type="checkbox"/> Town Attorney <u>098</u> <input type="checkbox"/> Community Affairs <input type="checkbox"/> Community Development	<input checked="" type="checkbox"/> Finance <u>CRS</u> <input type="checkbox"/> Fire Dept <input type="checkbox"/> Library <input type="checkbox"/> PBO	<input checked="" type="checkbox"/> Personnel <input type="checkbox"/> Public Works <input type="checkbox"/> Town Clerk <input type="checkbox"/> Town Manager
<b>Advertised:</b> <b>Date:</b> _____ <b>Paper:</b> _____ <input checked="" type="checkbox"/> Not Required	All parties that have an interest in this agenda item must be notified of meeting date and time. The following box must be filled out to be on agenda.	Yes I have notified everyone <u>BMT</u> or Not applicable in this case _____: Please initial one.

**Summary Explanation/Background:**

**RESOLUTION NO. 01-01-06**

**A RESOLUTION OF THE TOWN COMMISSION OF THE TOWN OF LAKE PARK, FLORIDA AUTHORIZING THE MAYOR TO EXECUTE AN APPLICATION WITH CNA THROUGH THE FLORIDA LEAGUE OF CITIES FOR MARINA OPERATORS LIABILITY INSURANCE FOR THE LAKE PARK HARBOR MARINA; AND PROVIDING AN EFFECTIVE DATE**

**WHEREAS**, the Town of Lake Park is a municipal corporation of the State of Florida with such power and authority as has been conferred upon it by the Florida Constitution and Chapter 166, Florida Statutes; and

**WHEREAS**, the Town Commission has determined that it is in the best interest of the Town of Lake Park to provide for marina operators liability insurance for Fiscal Year 2005-2006 for the Lake Park Harbor Marina; and

**WHEREAS**, the Town Commission of the Town of Lake Park has reviewed the application presented by CNA through the Florida League of Cities for the provision of such insurance coverage for Fiscal Year 2005-2006 and has determined that it is in the best interest of the Town of Lake Park to execute the application, copies of which are attached hereto as Exhibits A and B respectively and which are incorporated herein; and

**WHEREAS**, the Town Commission of the Town of Lake Park has directed that adequate funds be allocated for such coverage in Fiscal Year 2005-2006

**NOW, THEREFORE, BE IT RESOLVED by the Town Commission of the Town of Lake Park, Florida, as follows:**

**Section 1.** The whereas clauses are incorporated herein as true and correct and are hereby made a specific part of this Resolution.

**Section 2.** The Town Commission hereby authorizes and directs the Mayor to execute the application with CNA for liability insurance coverage for the Lake Park Harbor Marina.

**Section 3.** This Resolution shall become effective immediately upon adoption.

The foregoing Resolution was offered by \_\_\_\_\_, who moved its adoption. The motion was seconded by \_\_\_\_\_, and upon being put to a roll call vote, the vote was as follows:

	AYE	NAY
MAYOR PAUL W. CASTRO	_____	_____
VICE-MAYOR PAUL GARRETSON	_____	_____
COMMISSIONER G. CHUCK BALIUS	_____	_____
COMMISSIONER JEFF CAREY	_____	_____
COMMISSIONER ED DALY	_____	_____

The Mayor thereupon declared the foregoing Resolution No. 01-01-06 duly passed and adopted this 4<sup>th</sup> day of January, 2006.

TOWN OF LAKE PARK, FLORIDA

BY: \_\_\_\_\_  
PAUL W. CASTRO  
MAYOR

ATTEST:

\_\_\_\_\_  
Stephanie Thomas  
Town Clerk

(TOWN SEAL)

Approved as to form and legal  
sufficiency:

By: \_\_\_\_\_



# National Marina Program Application

Name of Assured Town of Lake Park  
 Mailing Address 535 Park Ave  
 City Lake Park  
 State & Zip FL  
 Survey Contact/Phone # 561-881-3353

☐ Individual ☐ Partnership ☐ Corporation ☒ Other municipality

Producer's Name FLORIDA LEAGUE OF CITIES, INC.  
 Street Address 125 EAST COLONIAL DRIVE  
 City P. O. BOX 530065  
 State & Zip ORLANDO, FLORIDA 32853-0065

1. List and describe any business owned, operated, or managed by the insured, including any lessor's risk Lake Park Harbor Marina  
103 slip municipal marina completely rebuilt 2004/2005  
 2. Number of years in business 1961 3. Proposed effective date 10/1/05  
 4. Please provide name of current carriers, expiring premiums, and policy expiration dates \_\_\_\_\_

5. Is the insured a subsidiary of any other entity or does the insured have any subsidiaries? If yes, please describe \_\_\_\_\_

6. Any policy or coverage declined, cancelled, or non-renewed during the prior three years? If yes, explain no

Locations:  
 A. Lake Park Harbor Marina 105 Lake Shore Dr.  
Lake Park, FL  
 B. \_\_\_\_\_  
 C. \_\_\_\_\_  
 D. \_\_\_\_\_  
 E. \_\_\_\_\_  
 F. \_\_\_\_\_

## Coverages Requested

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Marina Operators       | <input type="checkbox"/> Property Insurance                |
| <input checked="" type="checkbox"/> General Liability      | <input checked="" type="checkbox"/> Piers, Wharves & Docks |
| <input checked="" type="checkbox"/> Protection & Indemnity | <input type="checkbox"/> Equipment/Tools                   |
| <input type="checkbox"/> Boat Dealer's                     | <input type="checkbox"/> Owned Watercraft                  |

PLEASE COMPLETE APPLICABLE SECTIONS ON THE FOLLOWING PAGES  
FOR ALL SECTIONS - RECEIPTS AND SALES INFORMATION

Activity	Amount	Type	Amount
Mooring	\$ <u>800,000</u>	Boat Sales	\$ _____
Storage	\$ _____	Ship Store Sales	\$ <u>14,000</u>
Repair	\$ _____	Other Sales**	\$ <u>72,000</u>
Fueling	\$ <u>250,000</u>	Total Sales	\$ _____
Other Moll Rec \$	_____	** Please identify source of other sales: <u>Boat Ramp fees</u>	
All other rec * \$	_____	*Please identify source of other receipts: _____	
Total Receipts \$	_____		

### General Information

Protection at locations (Yes or No)	LOCATIONS					
	A	B	C	D	E	F
U/L certified central station alarm	<u>Yes</u>					
Watchman service after business hours	<u>Yes</u>					
Describe nature & extent of watchman	<u>roving guard 9 PM to 6 AM</u>					
Alarm with outside gong or siren	<u>no</u>					
Completely fenced and floodlighted	<u>lighted</u>					
Automatic emergency fuel shut-off valve?	<u>Yes</u>					

### Fire Protection

	LOCATIONS					
	A	B	C	D	E	F
Paid or volunteer	<u>Paid</u>					
Distance from location(s)	<u>1 mile</u>					
Public fire hydrants - # and distance	<u>6 on property</u>					
Public fire mains - size and pressure						
Describe any private fire protection	<u>Standpipes + extinguishers to NFPA 303 standards</u>					

1. Limits requested:

A. Any one vessel \$ \_\_\_\_\_

B. Any one accident or occurrence \$ \_\_\_\_\_

2. Deductible requested

\$ \_\_\_\_\_ (minimum \$1,000)

**Docking and Mooring**

	Loc. A	Loc. B	Loc. C	Loc. D	Loc. E	Loc. F
Slips available for rent?	\$ 103	\$	\$	\$	\$	\$
Buoys available for rent?	\$ N/A	\$	\$	\$	\$	\$
Average value of yachts	\$ 300,000	\$	\$	\$	\$	\$
Maximum value of yachts	\$ 2 mill	\$	\$	\$	\$	\$
Any slips under a common roof?	NO					

Describe type of heavy lift equipment and indicate lifting capacity. N/A**Storage\***

	Loc. A	Loc. B	Loc. C	Loc. D	Loc. E	Loc. F
Max. number of yachts stored at any time in past year?	<del>103</del>					
Number stored in summer?	<del>103</del>					
Number stored in winter?	<del>103</del>					
Average value of yachts	N/A					
Max. value of yachts	N/A					

A. Are yachts stored afloat between 12/1 AND 4/1? yes

B. Are yachts stored inside a building?

If yes, are they on racks?

Sprinkler system?

C. Type of building construction

D. Fire rate

E. Are yachts stored outside on racks?

If yes, how many?

\* If you provide any storage, a copy of the storage agreement is required for coverage to apply.

**Repair Operations**

A. Type of vessels

B. Type of work

C. Highest value of any one yacht repaired last year

\$

D. Describe any commercial ship repair work you do and provide receipts

E. Receipts (non-commercial) past 12 months \$







# General Information

Explain all "yes" responses

1. Any medical facilities provided or doctor employed/contracted?
2. Any exposure to radioactive/nuclear material?
3. Do operations involve storing, treating, discharging, applying, disposing, or transporting of hazardous materials?
4. Any operations sold, acquired or discontinued in last 5 years?
5. Any parking facilities owned/operators?
- Number of parking spaces 60
6. Is a fee charged for parking?
7. Recreation facilities provided?
8. Is there a swimming pool on the premises?
9. Sporting or social events sponsored?
10. Any structural alterations contemplated?
11. Any demolition exposure contemplated?
12. Does harbormaster live on premises?

YES

NO

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Remarks: Boat ramp trailer parking  
occasional fishing tournaments.

## Requested Limits:

- A. Limit any one vessel: \$ \_\_\_\_\_
- B. Limit any one location: \$ \_\_\_\_\_
- C. Limit any one accident or occurrence: \$ \_\_\_\_\_
- D. Deductible each occurrence each location: \$ \_\_\_\_\_ (minimum \$1,000)

Type of boats and manufacturer: \_\_\_\_\_

Location	Last Inventory Date	Prior Inventory Date	Average Monthly Inventory
Loc A Bldg -	\$		
Open Area -	\$		
In Water -	\$		
Loc B Bldg -	\$		
Open Area -	\$		
In Water -	\$		
Loc C Bldg -	\$		
Open Area -	\$		
In Water -	\$		
Loc D Bldg -	\$		
Open Area -	\$		
In Water -	\$		
Loc E Bldg -	\$		
Open Area -	\$		
In Water -	\$		
Loc F Bldg -	\$		
Open Area -	\$		
In Water -	\$		

\* Should be six months from prior inventory date.

## Transit Exposures:

A. Are any boats delivered from mfg. at Insureds' risk? \_\_\_\_\_ If yes, how are they delivered? \_\_\_\_\_

Max. value any one boat \_\_\_\_\_ Max. value any one delivery \_\_\_\_\_

B. Are any boats delivered by water to the insured? \_\_\_\_\_ If yes, from where? \_\_\_\_\_

C. Total values of boats delivered by Insured during the past year, \$ \_\_\_\_\_

D. By public carrier \$ \_\_\_\_\_

E. By applicant's vehicle \$ \_\_\_\_\_

F. Average distance the boats are transported \_\_\_\_\_

Maximum \_\_\_\_\_

G. Number of boats delivered to purchaser by water \_\_\_\_\_

H. Average distance \_\_\_\_\_ Average Value \$ \_\_\_\_\_

## Boat Shows

# of boat shows annually \_\_\_\_\_ # of boats each show \_\_\_\_\_  
 In water or on land \_\_\_\_\_  
 Maximum dollar limit any one show \$ \_\_\_\_\_  
 Average/maximum distance to show \_\_\_\_\_  
 Transported by common carrier or own vehicles? \_\_\_\_\_

## Demonstrations

Maximum value any one boat \$ \_\_\_\_\_  
 Maximum mph any one boat \_\_\_\_\_  
 Is boat under command of competent employee? \_\_\_\_\_  
 Are demonstrators equipped with full complement of U.S. Coast Guard required safety equipment? \_\_\_\_\_

*If Crewmembers Ops. no Please Advise: - I need A*  
 \_\_\_\_\_ *Signature*  
 \_\_\_\_\_ *App.*

Indicate Valuation ACV 80% RC 90% (Circle One)

	Loc. A	Loc. B	Loc. C	Loc. D	Loc. E	Loc. F
Number of floating docks						
Number of fixed piers						
Insured value for docks						
Insured value for piers						

Attach a diagram of the docks/piers if available.  
 Describe the floating docks and piers: \_\_\_\_\_

Indicate type of construction \_\_\_\_\_  
 Indicate type of flotation devices \_\_\_\_\_  
 Indicate type of mooring devices \_\_\_\_\_  
 Age of docks \_\_\_\_\_ Age of piers \_\_\_\_\_

Are the slips open or covered? \_\_\_\_\_  
 Number of open slips \_\_\_\_\_ Number of covered slips \_\_\_\_\_

Describe the maintenance program \_\_\_\_\_

Describe firefighting capabilities \_\_\_\_\_

Deductible Requested \$ \_\_\_\_\_ (\$1,000 Minimum)

PLEASE COMPLETE A FULL SET OF Accounts

**Premises Information**

Location No \_\_\_\_\_ Building No \_\_\_\_\_ ACV (ACV 80%) or  
Subject of Insurance Repl Cost (RC 80%) Limit  
Building \_\_\_\_\_ \$ \_\_\_\_\_  
Contents \_\_\_\_\_ \$ \_\_\_\_\_  
Other \_\_\_\_\_ \$ \_\_\_\_\_  
Deductible \_\_\_\_\_ (minimum \$500)

Year built \_\_\_\_\_ How is this building used by the insured? \_\_\_\_\_  
Construction type \_\_\_\_\_ Protection class \_\_\_\_\_ RCP Code \_\_\_\_\_  
Total area \_\_\_\_\_ Other occupancies \_\_\_\_\_

Building improvements \_\_\_\_\_  
Wiring, yr. \_\_\_\_\_ Heating, yr. \_\_\_\_\_  
Roofing, yr. \_\_\_\_\_ Plumbing, yr. \_\_\_\_\_ # of stories \_\_\_\_\_

Burglar Alarm ☐ Yes ☐ No Describe \_\_\_\_\_  
Sprinkler Alarm ☐ Yes ☐ No Describe \_\_\_\_\_  
Basement ☐ Yes ☐ No

**Business Income And Extra Expense Coverage - Actual Loss Sustained**

Requested Limit \$ \_\_\_\_\_ COINSURANCE 80%

**Premises Information**

Location No \_\_\_\_\_ Building No \_\_\_\_\_ ACV (ACV 80%) or  
Subject of Insurance Repl Cost (RC 80%) Limit  
Building \_\_\_\_\_ \$ \_\_\_\_\_  
Contents \_\_\_\_\_ \$ \_\_\_\_\_  
Other \_\_\_\_\_ \$ \_\_\_\_\_  
Deductible \_\_\_\_\_ (minimum \$500)

Year built \_\_\_\_\_ How is this building used by the insured? \_\_\_\_\_  
Construction type \_\_\_\_\_ Protection class \_\_\_\_\_ RCP Code \_\_\_\_\_  
Total area \_\_\_\_\_ Other occupancies \_\_\_\_\_

Building improvements \_\_\_\_\_  
Wiring, yr. \_\_\_\_\_ Heating, yr. \_\_\_\_\_  
Roofing, yr. \_\_\_\_\_ Plumbing, yr. \_\_\_\_\_ # of stories \_\_\_\_\_

Burglar Alarm ☐ Yes ☐ No Describe \_\_\_\_\_  
Sprinkler Alarm ☐ Yes ☐ No Describe \_\_\_\_\_  
Basement ☐ Yes ☐ No

**Business Income And Extra Expense Coverage - Actual Loss Sustained**

Requested Limit \$ \_\_\_\_\_ COINSURANCE 80%

**Premises Information**

Location No \_\_\_\_\_ Building No \_\_\_\_\_ ACV (ACV 80%) or  
Subject of Insurance \_\_\_\_\_ Repl Cost (RC 90%) \_\_\_\_\_ Limit \_\_\_\_\_  
Building \_\_\_\_\_ \$ \_\_\_\_\_  
Contents \_\_\_\_\_ \$ \_\_\_\_\_  
Other \_\_\_\_\_ \$ \_\_\_\_\_  
Deductible \_\_\_\_\_ (minimum \$500)

Year built \_\_\_\_\_ How is this building used by the insured? \_\_\_\_\_  
Construction type \_\_\_\_\_ Protection class \_\_\_\_\_ RCP Code \_\_\_\_\_  
Total area \_\_\_\_\_ Other occupancies \_\_\_\_\_

Building Improvements \_\_\_\_\_  
Wiring, yr. \_\_\_\_\_ Heating, yr. \_\_\_\_\_  
Roofing, yr. \_\_\_\_\_ Plumbing, yr. \_\_\_\_\_ \$ of stories \_\_\_\_\_  
Burglar Alarm ☐ Yes ☐ No Describe \_\_\_\_\_  
Sprinkler Alarm ☐ Yes ☐ No Describe \_\_\_\_\_  
Basement ☐ Yes ☐ No

**Business Income And Extra Expense Coverage - Actual Loss Sustained**

Requested Limit \$ \_\_\_\_\_ COINSURANCE 80%

**Equipment Coverage** Indicate Valuation ACV 80% REPL CST 90% (circle one)  
Complete the following or submit schedule  
Description Value D/A Serial Number Location

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Owned Watercraft Coverage** Indicate Valuation ACV 80% REPL CST 90% (circle one)  
Fully describe any operation for which you are requesting coverage for owned watercraft

\_\_\_\_\_  
\_\_\_\_\_

Please complete the following or submit a detailed schedule

Description Value D/A Serial Number Location

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
If you are requesting coverage for boats that are rented please submit a copy of the applicable rental agreement as well as a description of your rental qualification standards.

**Mortgagees/Loss Payees**

Name and Address	Interest	Coverage Section(s) Applicable	Location
------------------	----------	--------------------------------	----------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**FOR ALL SECTIONS**

**Loss Record** List all claims incurred during the past five years to property or from operations covered by this form of policy, including date, cause, amount paid or estimated amount, if claim not settled. If none, state "none." none

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OF INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRADULENT INSURANCE ACT, WHICH IS A CRIME.

\_\_\_\_\_  
Signature of Applicant

DATE \_\_\_\_\_

**FRAUD WARNING (FLORIDA)**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OR CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.





## IMPORTANT INFORMATION

### POLICYHOLDER DISCLOSURE

#### NOTICE OF INSURANCE COVERAGE FOR ACTS OF TERRORISM

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, effective November 26, 2002, you have a right to purchase insurance coverage for losses arising out of acts of terrorism, *as defined in Section 102(1) of the Act*, subject to all applicable policy provisions. The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that coverage provided by this policy for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 90% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

If you want to purchase this coverage, you must pay \$500\_\_\_\_\_.

If you do not want to purchase this coverage, you must sign below and return this form to an authorized representative of the Insurance Company no later than the date indicated.

**BY SIGNING BELOW, I AGREE THAT I AM REJECTING COVERAGE FOR LOSSES ARISING OUT OF CERTIFIED ACTS OF TERRORISM, AS DEFINED IN THE ACT. I UNDERSTAND THAT LOSSES ARISING FROM ACTS OF TERRORISM MAY BE EXCLUDED.**

\_\_\_\_\_  
Town of Lake Park,  
Applicant/Named Insured

\_\_\_\_\_  
CNA/MOAC  
Insurance Company

By: \_\_\_\_\_  
Authorized Representative's Signature

\_\_\_\_\_  
Authorized Representative's Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
TBD  
Policy Number

Return the original form to us no later than binding\_\_\_\_\_.

We recommend that you keep a copy of this notice for your records.